



For Official Use Only:

Incident Report received

by: _____

Date: _____

Time: _____

Incident Report

Name of Employee: _____ Division: _____

Home Address: _____ City _____ Phone _____

Place of Incident/ Accident: _____

Date of Incident: _____ Time of Incident: _____

Description of Incident/ Accident:

Witnesses:

Name: _____ Address/ Phone _____

Name: _____ Address/ Phone _____

Corrective Action Taken:

How could incident have been avoided:

File report to supervisor and to the Human Resources Department within 24 hours of the incident.

Employee Signature: _____ Date of Report: _____

Supervisor Signature: _____ Date: _____